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## BIB DATA SHEET

CONFIRMATION NO. 5041

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/578,848	07/24/2006 RULE	435	1648	620-438		
<b>APPLICANTS</b> Ulla Hellstrom, Stockholm, SWEDEN; Staffan Syivan, Uppsala, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/11958 10/22/2004 which claims benefit of 60/519,152 11/12/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0326416.5 11/12/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/27/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NICOLE KINSEY Acknowledged WHITE/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 22	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES						
<b>TITLE</b> Methods and means relating to hepatitis b infection						
<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			